



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/536,888
Filing Date	May 31, 2005
First Named Inventor	Thomas R. Young
Group Art Unit	1638
Examiner Name	Russell P. Kallis
Attorney Docket Number	63-000210US

Total Number of Pages in This Submission

40

## ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form  
☐ Fee Attached
- ☒ Amendment / Response  
☒ Amendment Accompanying RCE  
☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☒ Receipt Acknowledgement Postcard
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/ Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ PTO-1449 Form
- ☐ Cited References
- ☐ Copy of PCT Search Report
- ☒ Appendix A: Figure of transformed pineapple
- ☒ Appendix B: Declaration of Dr. Firoozabady and CV
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Small Entity Statement
- ☐ Request for Refund

- ☐ Interview Summary
- ☒ Request for Continued Examination (RCE)
- ☐ Request for Corrected Filing receipt
- ☐ Copy of Filing Receipt - marked up
- ☐ Replacement Application Data Entry Form
- ☐ Additional Enclosure(s) (please identify below):

## Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

Jonathan Alan Quine, Reg. No. 41,261 Quine Intellectual Property Law Group, P.C.

Signature

Date

July 7, 2009

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Deborah Barragan

Signature

Date

July 7, 2009

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FREE TRANSMITTAL**  
For FY 2009☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1300.00**

## Complete if Known

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Attorney Docket No.	<b>63-000210US</b>

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): **Deposit Account**

☒ Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: \_\_\_\_\_ Extra Sheets: \_\_\_\_\_ Number of each additional 50 or fraction thereof: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

## 4. OTHER FEE(S)

Description	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): _____	
Other: <b>Petition for Extension of Time for 2 Months.</b>	<b>490.00</b>
Other: <b>Request for Continued Examination (RCE)</b>	<b>810.00</b>
Other: _____	
Other: _____	
Other: _____	

## SUBMITTED BY

Signature

*Jonathan Alan Quine*Registration No.  
(Attorney/Agent)

41,261

Telephone **510 337-7871**

Name (Print/Type)

Jonathan Alan Quine

Date

July 7, 2009